



# Iowa Board of Examiners of Shorthand Reporters

Judicial Branch Building, 1111 East Court Avenue, Des Moines, Iowa 50319

## CSR COMPLAINT FORM

Please carefully review this complaint form once you have included all information. Note that there is a requirement for you to execute the oath at the end of this form.

### \*REQUIRED\*

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: ( \_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

Court Reporter's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: ( \_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

**Describe** your complaint, provide dates and facts of alleged misconduct and attach a copy of relevant documents. (Use a separate sheet if necessary; please do not write on the back of this form.)

---

---

---

---

---

---

---

---

---

---

*Under penalty of perjury, I declare that I have read the foregoing document and that to the best of my knowledge and belief the facts stated in it are true.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit form and supporting documentation to:**  
**Iowa Board of Shorthand Reporters**  
**Office of Professional Regulation**  
**1111 East Court Avenue**  
**Des Moines, IA 50319**  
**(515) 725-8029**  
**Fax (515) 725-8032**